



STATE OF WASHINGTON  
STATEWIDE VENDOR REGISTRATION &  
DIRECT DEPOSIT AUTHORIZATION  
(FORM W9 ALSO REQUIRED)

SSPS Provider Name (Vendor)

SSPS Provider Number

Address to Send Direct Deposit Notification

Contact Name (if different than provider name)

City

State

Zip + 4

Telephone Number

E-mail Address to Send Direct Deposit Notification

Fax Number

**Direct Deposit Information**

Financial Institution Name & Phone Number

Routing Number

Account Number

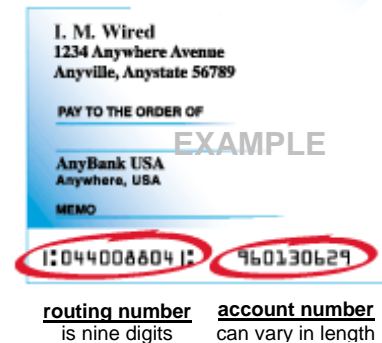
☐

Checking

☐

Savings

(Checking will be used if neither box is marked.)



I hereby authorize and request the Office of Financial Management (OFM) and the Office of the State Treasurer (OST) to initiate credit entries for vendor payments to the account indicated above, and the financial institution named above is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, OFM and OST may initiate a reversing entry to recall a duplicate or erroneous entry that they previously initiated. I understand that, if a reversal action is required, OFM will notify the SSPS provider of the error and the reason for the reversal.

This authority will continue until such time OFM and OST have had a reasonable opportunity to act upon written request to terminate or change the direct deposit service initiated herein.

Authorization Name on Account (please print)

Authorization Signature on Account

Date

**PLEASE RETURN THIS FORM & FORM W-9 TO:**

Department of Social and Health Services  
SSPS Attn: Direct Deposit  
PO Box 45346  
Olympia WA 98504-5346

You can visit our website at  
[www.dshs.wa.gov/ssps/directdeposit.shtml](http://www.dshs.wa.gov/ssps/directdeposit.shtml)  
for additional information and forms.

**SWV00** \_\_\_\_\_ - \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE STATEWIDE VENDOR REGISTRATION and DIRECT DEPOSIT AUTHORIZATION FORM

General Instructions: **Please type or print clearly.** Complete all fields that are applicable to your business. Complete and attach a Form W-9 (Request for Taxpayer Identification Number and Certification) to this form. You may also attach a voided check to assist in verifying your business bank account number. If you have questions about filling out the form, direct them to the Department of Social & Health Services SSPS Help Desk, 360-664-6161.

Field Name	Instructions
<b>SSPS Provider Name (Vendor)</b>	Enter the complete name of the entity (individual, partnership or corporation) as it appears on your federal tax forms.
<b>Contact Name</b>	Enter the name of the person to contact with any questions about payments. This person's name will be on the attention line of correspondence sent to you by the State. If you are an individual, you may leave this field blank.
<b>Address, City, State, Zip</b>	Enter the street address or post office box, city, state and zip code (including + 4 if known) of the location that payment information should be sent to. If you are paid by Direct Deposit, we will send a paper direct deposit notification with posting instructions (invoice and/or account number) to this address.
<b>SSPS Provider Number</b>	Enter your six digit SSPS provider number as assigned by the state.
<b>Telephone Number</b>	Enter the telephone number, including area code and extension, of the contact person (if applicable) or your business telephone number if you are an individual / sole proprietor.
<b>Fax Number</b>	Enter the fax number, including area code, of the contact person (if applicable) or your business fax number if you are an individual / sole proprietor.
<b>E-mail Address</b>	If you are signing up for Direct Deposit and you prefer to receive notification of payment by E-Mail, enter the E-Mail address where the notification of payment should be sent. <b>Please note that some email addresses cannot be used with our system.</b>

The following information is required to pay you by direct deposit. The State of Washington currently makes direct deposit payments using the CCD (Cash Concentration or Disbursement) format and mails invoice / account information to vendors two days prior to the date of deposit.

<b>Financial Institution Name &amp; Phone Number</b>	Enter the name of the financial institution (bank, credit union, savings & loan, etc.) where you want funds deposited. Please include the phone number of your local branch.
<b>Routing Number</b>	The routing number is the 9-digit Bank Identification Number assigned by the American Banking Association. This is the financial institution into which funds will be transferred. To find the routing number assigned to your financial institution, look at the first 9 characters at the bottom of your check. If you are unsure, contact your financial institution.
<b>Account Number / Type</b>	The account number is the company or individual's bank account number into which funds will be transferred. Indicate by checking the box next to the type (checking or savings) of account into which you wish the funds to be deposited. NOTE: If neither checking nor savings is indicated, the funds will be deposited to the checking account.
<b>Authorization Name on Account</b>	PRINT the name of an individual from your business whose name and signature is on record at your financial institution as authorized to approve banking transactions.
<b>Authorization Signature on Account</b>	SIGNATURE of the individual listed in the 'Authorization Name on Account' field.
<b>Date</b>	Enter the date the form was signed.

**PRIVACY STATEMENT:** The information you provide on this form will be used to make electronic or warrant payments to you as a vendor and in any related investigations of a violation of federal or state laws. This information is not intended for use by the State of Washington for any other purpose. Any information you provide (such as an individual's name, home address, home telephone number, social security number, bank or other financial account numbers) is a public record, and once it is provided may be protected from release under the Public Disclosure Act, Chapter 42.17 RCW. However, the information you provide may be disclosed if necessitated by legal processes such as subpoena or court order. If you believe information you provided is being used for a purpose other than what was intended when submitted, you should contact the Office of Financial Management at (360) 664-7779.